		CEHOLDER E REPORT		FORM COVER SHEE	C/OH F PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	Ricardo	MI	OFFICE USE C	NLY
NAME	NICKNAME R	odriquez	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	est Texas	CITY; STATE; ZIP CODE AUE SAN JAN		FINANCE-
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Receipt # Amou	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Gilber NICKNAME	FIRST Hevven LAST	, MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT/S	uite #; city; Alamo	·	CODE CS 16
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	330 - 5566	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	ection Exceeded Modified	15th day after campa treasurer appointmen (Officeholder Only)	nt
40 DEDIOD		-	Reporting Limit Month	Day Year	
10 PERIOD COVERED	Month	Day Year / 7 / 24	THROUGH 10		
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	E	
12 OFFICE	OFFICE HELD (if any)	*	13 OFFICE SOUGHT (if know PSJA School	(n) Board Tr	usfec +
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CAI RED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICEHOLDER'S KI	IOWLEDGE OR
,	COMMITTEE TYPE	COMMITTEE NAME	3		
Additional Pages	GENERAL	COMMITTEE ADDRESS		×	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASUKEK NAME		
	(1) may describe \$10.000 (1) miles	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	#2775W3 5	
	an Tria	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,425.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,475.00
e	4. TOTAL POLITICAL EXPENDITURES	\$ 5.475.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ \(\(\(\) \(\) \(\) \(\)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	vear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	
	Quein 20	Dhu
	Signature of Cano	didate of Officeholder
0 1140 =	1922 E 1923	(AM) 46 F.
Planter N. A.	Please complete either option below:	e services
	r lease complete chaler option solow.	
7	MARIBEL GARCIA	
(1) Affidavit	Notary ID #131702013 My Commission Expires	
	August 29, 2026	
NOTARY STAMP/SEAL		
	Rigarda Radiativas	Ofthe OLLICE
Swom to and subscribed	before me by Ricardo Rodriguez this the	day of
20, to certify	which, witness my hand and seal of office.	E 1. AL
Mansel 13	Maribel Garcia	Title of officer administering out
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	, , , , , , , , , , , , , , , , , , ,	
8		ate) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year).
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION:	s \$5,475.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTI	ons \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	RNED \$

SCHEDULE A1

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

			<u> </u>
The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
2 FILER NAME		3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-oi-state PAC (ID#:		Amount of contribution (\$)
10-15-24	Law Office of Michael Plonagae 6 Contributor address; City; State; Z	ip Code	\$ 125.00
	809 Chicago Ave mexilen Tx		No. 1 Page 10
	pation / Job title (See Instructions) 9 Employe	er (See Instructions	
Date	Full name of contributor		Amount of contribution (\$)
10-15-24		Zip Code	\$ 375.00
9 8 ⁴	505 W. Cano Edinburg TX	78539	
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
10-17-24	Law Office of Michael E. Fla Contributor address; City; State; Z 809 Chicago Ale. Michilan Tx	nagan ip Code 1850 [2,50,00
3			
Principal occup	ation / Job title (See Instructions) Employe	er (See Instructions	3)
· ·			7 3 2 2
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
10-17-24	The Hall Event Center Contributor address; City; State; Z	ip Code	125.00
¥ 41 9	502 N. Veterans Blod San	Lian, Tx	s 100 g
Principal occur	ation / Job title (See Instructions) Employe	er (See Instruction:	3)
	The second	, ·	1 *90 1
a) (a) (a) (a) (a) (a) (a) (a) (a) (a) (
1			8)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The second of th				
The	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:	
2 FILER NAME		8 g X	3 Filer ID (Ethics Commission Filers)	
5 g	Furdve Brandon Fielder G 6 Contributor address; City: 2805 Foundain Plaza B pation / Job title (See Instructions)		+1.250.00	
	y of a second control of some which is	A la la la mana a m		
Date	Full name of contributor out-of-state PA	AC (ID#:	Amount of contribution (\$)	
10-21-24	Contributor address; City; 2805 Fountain Plaza Bl.	State: Zip Code vd Suite B	\$ 1,250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date 10-21-24	Full name of contributor out-of-state PA SKO Elife Contributor address; City; 808 E 13/12 San Juan	State; Zip Code	Amount of contribution (\$) \$\frac{1}{250.00}\$	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ns) k + 31	
1.	D. Col. C. L.			
Date (0-2)-24	Full name of contributor out-of-state PA Kumar Zaibatsu, Inc Contributor address; City; 310 W. Nolana Loop Ph	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)
1201 W. Bus. 83 Alamo TX 78516	
Principal occupation / Job title (See Instructions) Employer (See Instruc	cuons)
Date Full name of contributor out-of-state PAC (ID#) 10-28-24 O'Hamlon, Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phare TX 78577	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru-	ctions)
Date Full name of contributor out-of-state PAC (ID#) Lube Master Plus Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Remo 7x 78516 Employer (See Instructions)	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	3 Filer ID- (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#). 10-28-24 Buena Suerte Home Health 6 Contributor address; City; State: Zip Code PO Box 634 Pharr TX 78577	Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	at a rest of a source temperature transport and a state of
Date Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)
Date Full name of contributor □ out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
	2 1 2
Date Full name of contributor out-of-state PAC (ID#) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	iona) /
Principal occupation / Job title (See Instructions) Employer (See Instruct	autis)
and the second of the second o	

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

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Paymenl	Fees Office 6 Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o 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 NAME	N1 14 1 14:	3 Filer ID (Ethics Commission Filers)	
4 Date 10-1-24	5 Payee name Selena Medrano	8		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1 625,00	Ce12 W. Nolana	MAllen	TX 78501	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	SE HE HE NOT THE SE WE	
PURPOSE OF EXPENDITURE	Consulting	Fundrai	Sing	
=	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		,	
10-9-24	Maria C. Gonzalez			
Amount (\$)	Payee address;	City;	State; Zip Code	
4 50.00	3533 Cessna Ave.	Edinburg	TX 78542	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Sizns.	L set up	
â .	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	Deve page			
10 - 9 - 2 4	Ontiveres Printing			
	200 N N N MO 1082 NO. 1 10 10 10 10 10 10 10 10 10 10 10 10 1	0.4	Chata: Zin Codo	
Amount (\$)	Payee address:	City;	State; Zip Code	
30.00	915 E. Ferguson A	ne Pharr	7x 78577	
	Category (See Categories listed at the top of this schedule)	Description	THE RESERVE OF THE PROPERTY OF	
PURPOSE OF EXPENDITURE	Advertising	Cards, S	flyers	
	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 NEEDED				

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
e sittle til e	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date 10 -9 -2 4	Junation Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code 11 S. Cage Phare 7x 78577
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Rent Event Meeting
=	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office held
Date	Payee name
10-12-24	Victor Maldonado
Amount (\$)	Payee address: City; State; Zip Code 3533 Cesna Ave. Edinburg Tx 7854
3	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Signs setup
77.	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 / Office holder name Office sought Office held
Date	Payee name
10-18-24	Hictor Walmart (Alamo)
* 39.05	Payee address; Frontage Rd. Alamo TX 78516
	Category (See Categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Event Expense Skeet Shoot Prizes
n <u>, ana 11</u>	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	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
Credit Card Payment

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

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

inting Expense Travel C inting Expense Travel C illaries/Wages/Contract Labor Other (e

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Date 10 - 18 - 24	5 Payee name Selena Medrano
Amount (\$)	Selena Medrano 7 Payee address; City; State; Zip Code 612 W. Nolana MAllen TX 78501
100.00	612 W. Nolana MAllen TX 78501
# #	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising Push Cards
	(c) 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
Date	Payee name
10-18-24	Mike Robledo Selena Medrano Payee address; City: State; Zip Code E12 W. Nolana McAllan Tx 78501
Amount (\$)	Payee address; City; State; Zip Code 612 W. Nolana McAllen TX 78501
1,250.00	612 W. Nolana mealler Tx 78501
3 8	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising GoTV
	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
Date	Payee name
10-19-24	Selena Medrano
Amount (\$)	Payee address; City; State; Zip Code
1.750.00	612 w. Nolana M'Allen, Tx 78501
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Mailers
	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 NEEDED

SCHEDULE F1

		F-G-		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	1 7 7	er e
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<u> </u>			r y	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics (Commission Filers)
4 Date 10 - 20 - 24	5 Payee name Ricardo Con	zalez La I	Deligenci	1 39 3
375.00	7 Payee address; 201 West US Hwy 83	Pharr	State;	Zip Code 7 85 77
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1554 St. 1555 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PURPOSE OF EXPENDITURE	Event Expense	Food	* ************************************	13 g
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in; TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	N2 %	Office held
Date	Payee name	9 541		3 1
10-21-24	Maria C. Gonzalez	of the second		
Amount (\$)	Payee address;	City;	State;	Zip Code
150.00	3533 Cessna Ave	\$ Edin	burg TX	78547
	Category (See Categories listed at the top of this schedule)	Description	36	
PURPOSE OF EXPENDITURE	Advertising	Signs		Total Control Control
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		office held
Date	Payee name		8 R	
10-24-24	Marco Perez In	TAP Studi	<0	
·Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,000.00	2008 W. Jonquil Ave	. MAllen	Tx	78301
	Category (See Categories listed at the top of this schedule)	- Description		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
PURPOSE OF EXPENDITURE	Consulting			
10, 21	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF				

SCHEDULE F1

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

7 7 14 14 1	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense inting Expense Ilaries/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 ho	ow to complete this form.	V 95 0
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10-24-24	Selena Medrano	0	ν _α ε μ
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.00	612 W. Noloma	McAllen	Tx 78501
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	Commission (management)
PURPOSE OF EXPENDITURE	Advertising	Suppl	ies
	(c) Check if travel outside of Texas. Complete Schedu	uleT. Check if Austi	in; TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-24-24	Selena Medran	ζ γ 00 κα , 0 , γν ²⁰	
Amount (\$)	Payee address;	City;	State; Zip Code
120.00	le 12 W. Nolama	a MCAlle	n Tx 78501
2 2	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	Advertising	Vehicle	expenses
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
5 0			
Date	Payee name	2 8 28	2 2 2
10-24-24	Ricardo Rodrigua	ez	
Amount (\$)	Payee address;	City;	State; Zip Code
39.44	1806 West Texas	The San The	~ Tx 78589
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF	$G_{\bullet,+}C_{\bullet,-}$	0	S as die

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

SCHEDULE F1

11.7	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Date 10-24-24	5 Payee name Sclena Medvano
Amount (\$)	7 Payee address; City; State; Zip Code
1,250.00	612 W. Nolana Mallen Tx 78501
	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising GoTV
	(c) 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
· — — — — — — — — — — — — — — — — — — —	

1,250.00	612 W. Molana M'Allen	7× 78501
r ·	(a) Category (See Categories listed at the top of this schedule) (b) Description	SARAH ARAMSAN AN ANA PA
PURPOSE OF EXPENDITURE	Advertising GoTV	e
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought OH	Office held
Date	Payee name	
10-24-24	Rey Perez	
Amount (\$)	Payee address; City;	State; Zip Code
\$250.00	800 Granada Avanue Pharr	TY 78571
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE		
OF EXPENDITURE	Event Expense Skeet Sho	oot
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, off	iceholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought	Office held
expenditure to benefit C/O	ЭН	3 9
Date	Payee name	* A & S
10-24-24	Ontiveros Printing	
Amount (\$)	Payee address; City;	State; Zip Code
\$ 75.00	915 E. Ferguson the Pharr	TX 78577
⁴ 75.00	915 E. Ferguson Aw Pharr Category (See Categories listed at the top of this schedule) Description	Tx 78577
PURPOSE OF EXPENDITURE		
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Push Car	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Push Car Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name	ds

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 Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) 4 Date 10-28-24 6 Amount (\$) Zip Code 1127 Ortega Circle 78516 (b) Description (a) Category (See Categorie's listed at the top of this schedule) PURPOSE EXPENDITURE 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 10-28-24 State: Zip Code Pavee address: \$ 315,00 Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 10-15-24 Zip Code PO BOX 1127 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete QNLY if direct

expenditure to benefit C/OH

CANDIDA' CAMPAIG	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST ELEAZAR	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST GUAJARDO	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX 28: TX 785	56	CITY; STATE; ZIP CODE MCALLEN	PSJA FINAN
Change of Address				72 T T T T T T T T T T T T T T T T T T T
5 CANDIDATE/ OFFICEHOLDER PHONE	(956)	PHONE NUMBER 221-5245	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
NAME	MR NICKNAME	ELEAZAR LAST	SUFFIX	Date Processed
	NORWANE	GUAJARDO	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS 3611 YVET TX	(NO PO BOX PLEASE); APT / FE DR 78577	SUITE #; CITY;	STATE; ZIP CODE PHARR
(Residence or Business)	2			
8 CAMPAIGN TREASURER PHONE	(956)	PHONE NUMBER 221-5245	EXTENSION	
9 REPORT TYPE	January 15	30th day before	L	15th day after campaign treasurer appointment (Officeholder Only)
44 DEDICE	July 15	8th day before e	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	9	Day Year / 27 / 24	THROUGH 10	Day Year 26 / 24
11 ELECTION	ELECTION DAY Month Day	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) PSJA SCHOOL DI	STRICT TRUSTEE PL 4
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURI	S ACCEPTED OR POLITICAL EXPENDITURES MA ES MAY HAVE BEEN MADE WITHOUT THE CANDI JIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME ELEAZAR GUAJARD	0	16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	J	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 2	2,700.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and cor	rect and incl	udes all information
	uired to be reported by me under Title 15, Election Code.			
	6/1/2	1	$\overline{}$	
				_
	Signature of Ca	ndidate c	or Officehold	er
	<u> </u>			
	Please complete either option below	/ :		
(4) 100 1 14				
(1) Affidavit				
NOTARY STAMP/SEAL	. ^			
Sworn to and subscribed			day of	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ring oath Printed name of officer administering oath		Title of office	administering oath
	OR .		V 1 = 1 +	
(2) Unsworn Declaration	on			
My name is ELEAZAR O	GUAJARDO and my date of birth is	07/21/1	964	
My address is 3611 YVE	TTE DR PHARR TX	78	8577 L	JSA
Executed in HIDALGO		BER	zip code) _, 20 24 (year)	(country)
	Signature of Candid	ate/Office	holder (Decl	arant)

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 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 ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** MAILING PSJA FINANCE-ROVO **ADDRESS** 29 DCT 114 PMS: 17 Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN TREASURER 78516 1030 W. Ellis Ave Lamo TX **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE CAMPAIGN **TREASURER** PHONE 330-5566 (954) 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED -THROUGH 24 **ELECTION TYPE** ELECTION DATE 11 ELECTION Primary Runoff Other Month Day Year 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 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 NAME COMMITTEE TYPE 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	W. Carlo	× .	16 Filer	r. ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		AN	\$ 5,4	25.00
:+	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAM		S)	\$ 5,4	25.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	4	\$ 5,4	75.00
	4. TOTAL POLITICAL EXPENDI	TURES		\$ 5.4	75.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	IONS MAINTAINED AS OF THE L	AST DAY	\$	(50.00)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		OF THE	\$	
H	Please compl			or Officehold	er
10	Please compl	lete either option belo	ow:		
(1) Affidavit	MARIBEL GARCIA Notary-ID-#13-170201 My Commission Expire August 29, 2026			и селената н	e sta rentententen
	before me by Griselda Q	untailla this th	e 29	day of	Detober
Markel &	which, witness my hand and seal of office.	havia	G	ierbihne	John
Signature of officer administe	ring oath Printed name of offic	oer administering oath		Title of office	administering oath
(2) Unsworn Declarati	on				
My name is	N.	, and my date of birth	is		
My address is	(street)	,, (city)	(state)	(zip code)	(country)
Executed in	(Sileet)County, State of	_ , on the day of	, ,	, 20	` · · · · · · · · · · · · · · · · · · ·
		Signature of Car	ndidate/Offic	ceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER N	IAME	20 Filer ID (Ethics Co	mmission Filers)
	ULE SUBTOTALS 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, _	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM-	ITRIBUTIONS	\$ 5,475.00
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 FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	ONS RETURNED	\$
			# 141 F #0744 1415 # 24414
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		in addition of the angle of the agreement windows has	

SCHEDULE A1

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

		<u> </u>
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID- (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
10-15-24	6 Contributor address; City; State; Zip Code	\$ 125.00
	809 Chicago Ave McAllenth 7852	a comment where
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
	tida di Parancia di Simpia da Santa da Santa di	
Date	Full name of contributor	Amount of contribution (\$)
10-15-24	Contributor address; City; State; Zip Code	*375.00
	505 W. Cano Edinburg TX 78539	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
1		
Date	Full name of contributor □ out-of-state PAC (ID#)	Amount of contribution (\$)
<u>Date</u>	while the terminal terminal are at the state of the state	terral grand program of a second of a seco
Date 10-17:24	Law Office of Michael E. Flanagan	
	Law Office of Michael E. Flanagan	terral grand program of a second of a seco
10-17:24	Law Office of Michael E. Flanagan Contributor address; City; State: Zip Code 809 Chicago Ave. mcAllen Tx 78501	250.00
10-17:24	Law Office of Michael E. Flanagan	250.00
10-17:24	Law Office of Michael E. Flanagan Contributor address; City; State: Zip Code 809 Chicago Ave. mcAllen Tx 78501	250.00
10-17:24	Law Office of Michael E. Flanagan Contributor address; City; State: Zip Code 809 Chicago Ave. mcAllen Tx 78501	250.00
10-17:24 Principal occup	Law Office of Michael E. Flanagan Contributor address; City; State; Zip Code 809 Chicago Ave. mcAllen Tx 78501 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#	2.50,00 ctions) Amount of contribution (\$)
Principal occup	Law Office of Michael E. Flanagan Contributor address; City; State; Zip Code 809 Chicago Ale. McAllan Tx 78501 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#) The Hall Event Couter	2.50,00 ctions): Amount of contribution (\$)
/0-17:24 Principal occup Date [0-[7-24]	Law Office of Michael E. Flanagan Contributor address; City; State; Zip Code 809 Chicago Ave. mcAllan Tx 78501 pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#	2.50,00 etions) Amount of contribution (\$)
/0-17:24 Principal occup Date [0-[7-24]	Law Office of Michael E. Flanagan Contributor address; City; State; Zip Code 809 Chicago Ale. mcAllen Tx 78501 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#	2.50,00 etions) Amount of contribution (\$)
/0-17:24 Principal occup Date [0-[7-24]	Law Office of Michael E. Flanagan Contributor address; City; State; Zip Code 809 Chicago Ale. mcAllen Tx 78501 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#	2.50,00 etions) Amount of contribution (\$)
/0-17:24 Principal occup Date [0-[7-24]	Law Office of Michael E. Flanagan Contributor address; City; State; Zip Code 809 Chicago Ale. mcAllen Tx 78501 pation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#	2.50,000 etions) Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

ii the leques	ited information is not applicable, DO NOT inc	lude this page in the	героп.
The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (Purdve Brandon Fielder Col 6 Contributor address; City; 2805 Foundain Plaza Blu	State; Zip Code	7 Amount of contribution (\$) \$ 1,250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor Out-of-state PAC (Pur die Brandon Fielder	ou: no v mote U	Amount of contribution (\$)
10-21-24	2805 Fountain Plaza Blvo		1,250.00
Principal occup	ration / Job title (See Instructions)	Employer (See Instruct	ions)
Date	one care	ID#:	Amount of contribution (\$)
10-21-24	Contributor address; City; 808 E 131/2 San Juan	State; Zip Code 78589	250.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	ions)
2		* 2	6 y 48
Date /0-21-24	Full name of contributor out-of-state PAC (Kumar Zaibatsu, Juc Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	310 W. Nolama Loop Pha	w Tx 78577	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		i +	كالمناف المستعدد المس

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

SCHEDULE A1

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

	<u> </u>	N , (2)
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
10-28-24	6 Contributor address; City; State; Zip Code 7300 Loma Dr. Donna TX 78537	\$62.50
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10-28-24	David Landa Contributor address; City; State; Zip Code	\$50.00
	1201 W. Bus. 83 Alamo TX 78516	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 10-28-24		Amount of contribution (\$)
	O'Hamlon, Demerath + Castillo	Amount of contribution (\$)
10-28-24	O'Hanlon, Demerath + Castillo Contributor address; City; State; Zip Code	500.00
10-28-24	O'Hamlon, Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phare TX 78577	500.00
10-28-24	O'Hamlon Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phare TX 78577 Dation / Job title (See Instructions) Employer (See Instructions) Full name of contributor aut-of-state PAC (ID#	500.00
10-28-24 Principal occup	O'Hamlon, Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phan TX 78577 Dation / Job title (See Instructions) Employer (See Instruc	tions) Amount of contribution (\$)
Principal occup	O'Hamlon Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phan TX 78577 Dation / Job title (See Instructions) Employer (See Instructions) Full name of contributor	\$ 500.00
/0-28-24 Principal occup Date //0-28-24	O'Hamlon Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phare TX 78577 Dation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#) Lube Master Plus Contributor address; City; State; Zip Code	Amount of contribution (\$)
/0-28-24 Principal occup Date //0-28-24	O'Hanlon Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phan 7X 78577 Dation / Job title (See Instructions) Full name of contributor Lube Master Plus Contributor address; City; State; Zip Code 1222 W. Bus. 83 Hano 7x 78516	Amount of contribution (\$)
/0-28-24 Principal occup Date //0-28-24	O'Hanlon Demerath + Castillo Contributor address; City; State; Zip Code 424 W. Caffery Phan 7X 78577 Dation / Job title (See Instructions) Full name of contributor Lube Master Plus Contributor address; City; State; Zip Code 1222 W. Bus. 83 Hano 7x 78516	Amount of contribution (\$)

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SCHEDULE A1

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

		11 (40)		
The	Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1:
FILER NAME	4 p 3	180 E	0 2	3 Filer ID (Ethics Commission Filers)
5 (9)	V 17 17		721	
Date	5 Full name of contributor	out-of-state PA	AC (ID#:).	7 Amount of contribution (\$)
0-28-24	Buena Suecta			9750
¥	6 Contributor address;	City;	State; Zīp Code	9250.00
2 27 200	PO Box le 34		TX 78577	to the second second
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	arrest of a service to a constitute	the facility and the second	Committee a service of the co	
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
2 2 4	or representations of a	74	, minimum manim	
	Contributor address;	City;	State; Zip Code	2
	* * * *			
	pation / Job title (See Instructions)	***	Employer (See Instruc	ctions)
RCE.			The Paris Co.	
Date	Full name of contributor		AC (1D#)	Amount of contribution (\$)
Date ———	* And the second		4.24	Amount of contribution (\$)
Date		in in the second of the second		Amount of contribution (\$)
		in in the second of the second		
	Contributor address;	in in the second of the second	State; Zip Code	
Principal occur	Contributor address; pation / Job title (See Instructions)	City;	State; Zip Code Employer (See Instruc	tions)
Principal occur	Contributor address;	in in the second of the second	State; Zip Code Employer (See Instruc	
Principal occur	Contributor address; pation / Job title (See Instructions)	City;	State; Zip Code Employer (See Instruct AC (ID#)	tions)
Principal occur	Contributor address; pation / Job title (See Instructions)	City;	State; Zip Code Employer (See Instruc	tions)
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Principal occur Date	Contributor address; pation / Job title (See Instructions) Full name of contributor	City;	State; Zip Code Employer (See Instruct AC (ID#)	Amount of contribution (\$)
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Principal occur Date	Contributor address; pation / Job title (See Instructions) Full name of contributor Contributor address;	City;	State; Zip Code Employer (See Instruct AC (ID#) State; Zip Code	Amount of contribution (\$)
Principal occur Date	Contributor address; pation / Job title (See Instructions) Full name of contributor Contributor address;	City;	State; Zip Code Employer (See Instruct AC (ID#) State; Zip Code	Amount of contribution (\$)
Principal occur Date	Contributor address; pation / Job title (See Instructions) Full name of contributor Contributor address;	City;	State; Zip Code Employer (See Instruct AC (ID#) State; Zip Code	Amount of contribution (\$)
Principal occur Date	Contributor address; pation / Job title (See Instructions) Full name of contributor Contributor address;	City;	State; Zip Code Employer (See Instruct AC (ID#) State; Zip Code	Amount of contribution (\$)

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 line	officer to flot applicable; De fite : morate a	ne page in air it	P	
	EXPENDITURE CATEGORIES F	OR BOX 8(a)	Er F	0
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memonals Expense Printing Ex	pense ages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category)	nt & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	- ×	3 Filer ID (Ethics C	ommission Filers)
4 Date 10 -7 - 24	5 Payee name Selena Medrano	0 /	n	-
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
6 25.00	Ce12 W. Nolana	MAILEN	TX	78501
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Fundrai	100	(I Secure of the second
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	n, TX, officeholder living ex	ffice held
Date 10-9-24	Payee name Maria C. Gonzalez			
Amount (\$)	Payee address; 3533 (essna Ave.	Edinburg	State;	Zip Code 78542
	Category (See Categories listed at the top of this schedule)	Description	3	
PURPOSE OF EXPENDITURE	Advertising	Signs.	L set up	
	Check if travel outside of Texas. Complete: Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Ot o	ffice held
Date	Payee name	27		
10-9-24	Ontiveres Printing			
:Amount (\$)	Payee address,	City;	State;	Zip Code
30.00	915 E. Ferguson An	Pharr	Tx :	78577
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Cerds, -	flyers	ļ.
	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/OH	Candidate / Officeholder name	Office sought		Office held
exhaugiture to neticut O/OLI	_ \ \tag{1.5}			

SCHEDULE F1

1 2 B 10 Con 1 2 2	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
ද පුවරේ ලැ	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date 10 -9 -2 4	5 Payee name Jundim Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code
150.00	11 5. Cage Phan 7x 78577
8 * * * *	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Rent Event Meeting
	(c) Check if travel outside 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 Office sought Office held
Date	Payee name
10-12-24	Victor Maldonado
Amount (\$)	Payee address: State Zip Code 3533 Cesna Ave. Edinburg Tx 7854
PURPOSE OF	Category (See Categories listed at the top of this schedule) Description Signs set up
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10-18-24	Victor Walmart (Alamo)
* 39.05	Payee address: State: Zip Code 1421 East Frontage Rd. Alamo TX 78516
	Category (See Categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Event Expense Skeet Shoot Prizes
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held
, 2°45.	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT include	this page in the report.
Town Fig. 9	EXPENDITURE CATEGORIES	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling I y Gift/Awards/Memorials Expense Printing	Solicitation/Fundraising Expense Dverhead/Rental Expense Expense Expense Expense Expense Expense Expense Complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
4 ~ 1		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	3 9 4
10-18-24	Selena Medrano	* * * * * * * * * * * * * * * * * * *
6 Amount (\$)	7 Payee address;	City; State; Zip Code
100.00	612 W. Nolana	MAILEN TX 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		
OF EXPENDITURE	Advertising	Push Cards
F)	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin; TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-18-24	Mike Robledo	Selena Medrano
. Amount (\$)	Payee address; 612 W. Nola na	City; State; Zip Code McAllan TX 78501
1,250.00		(333)
s 0	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	GoTV
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OF		192 - Sept 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Date	Payee name	. Na . 27
10-19-24	Selena Medrano	•
·Amount (\$)	Payee address;	City; State, Zip Code
1,750.00	612 W. Nolana	M'Allen, Tx 78501
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	A way Y.	AA A
OF EXPENDITURE	Advertising	Mailers

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR	RBOX 8(a)	4 "	8.0
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead Polling Expense Polling Expense Printing Expense Printing Expense		Solicitation/Fundraisin Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
Credit Card Payment	The Instruction Guide explains how to comp	lete this form.	1 72	21
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 10 - 20-24	5 Payee name Ricardo Gonzal	ez la I	Deligenci	
6 Amount (\$) *375.00	7 Payee address; 201 West US Hwy 83	Pharr-	State;	Zip Code 78577
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	m-12 may working to	4
PURPOSE OF EXPENDITURE	Event Expense	Food	e e e e e	
	(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/Ol	Candidate / Officeholder name	Office sought	** :	Office held
Date	Payee name	* × ×		
10-21-24	Maria C. Gonzalez	124 ON 115	on a figure of	
Amount (\$) 750,00	3533 Cessna Ave	City;	State;	Zip Code 78547
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description		Constitution to some com-
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name ।	Office sought		Office held
Date	Payee name	3 e o	. 8 .	9 35
10-24-24	Marco Perez / MA	P Studi	٠,	
:Amount (\$)	Payee address;	City;	State;	Zip Code
1,000.00	2008 W. Jonquil Ave.	McAllen	Tx	78301
	Category (See Categories listed at the top of this schedule)	Description —	Service Services	1 1 1940 A 10000000000000000000000000000000000
PURPOSE OF EXPENDITURE	Consulting			
W We say	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/OH	Candidate / Officeholder name	Office sought		Office held
				<u> </u>
A	ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEE	DED	A 47 L

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

Candidate/Officeholder/Politica Credit Card Payment		Contract Lebor : Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Date 10-24-24	5 Payee name Selena Medrano	
Amount (\$)	7 Payee address;	City; State; Zip Code
100.00	612 W. Noloma	McAllen Tx 78501
	(a) Catègory (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Λ 1 L	0 -1:
OF EXPENDITURE	Advertising	Supplies
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin; TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-24-24	Selina Medrano	
Amount (\$)	Payee address;	City; State; Zip Code
120.00	1012 W. Nolama	McAllen Tx 78501
x 5	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising	Vehicle expenses
(a) 10	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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	
10-24-24	Ricardo Rodriguez	
'Amount (\$)	Pavee address:	City; State; Zip Code
39.44	1806 West Texas Ave	San Juan Tx 78589
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	Great Expanses	Supplies
EXPENDITURE	Charliff and a delife of Trans Complete Charlet	Charles & Alaska TV afficiently living account
4	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 SCH	HEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	y 2
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhing Expense Polling Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		impiete uns torm.	206
1 Total pages Schedule F1:	2 FILER NAME	Tare to a second	3 Filer ID (Ethics Commission Filers)
4 Date 10 -24 - 24	5 Payee name Sclena Medvano		**
6 Amount (\$)	7 Payee address;	City;	State; Zip Code 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ARTHUR C. AMERICAN CONTRACT
PURPOSE OF EXPENDITURE	Advertising	Go	TV
	(c) 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
Date 0 -24 -24	Rey Perez		
. Amount (\$)	Payee address; 800 Granada Avenue	Pharr	State; Zip Code Ty 78571
- The	Δ Δ Δ	City; Pharr Description	T. T. 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
- The	800 Granada Avenue	Pharr	Ty 78571
250.00 PURPOSE OF	800 Granada Avanue Category (See Categories listed at the top of this schedule)	Pharr Description Skeet	Ty 78571
250.00 PURPOSE OF	Category (See Categories listed at the top of this schedule) Such Explanation Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Pharr Description Skeet	Ty 78571 Shoot
250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Such Explanation Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Pharr Description Skeet Check if Austin	Ty 78571 Shoot TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Category (See Categories listed at the top of this schedule) Such Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Pharr Description Skeet Check if Austin	Ty 78571 Shoot TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Category (See Categories listed at the top of this schedule) Such Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Pharr Description Skeet Check if Austin	Ty 78571 Shoot TX, officeholder living expense
250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10-24-24	Category (See Categories listed at the top of this schedule) Such Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Otherwise Printing	Pharr Description Sceet Check if Austin Office sought	Ty 78571 Shoot TX, officeholder living expanse Office held
250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10-24-24	Category (See Categories listed at the top of this schedule) Successful Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address;	Pharr Description Sceet Check if Austin Office sought	Ty 78571 Shoot TX, officeholder living expense Office held State: Zip Code
250.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 10-24-24	Category (See Categories listed at the top of this schedule) Security Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; 915 E. Fevguson &	Pharr Description Sceet Check if Austin Office sought City:	Ty 78571 Shoot TX, officeholder living expense Office held State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Such Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address: 915 E. Fevgus of this schedule) Category: (See Categories listed at the top of this schedule)	Pharr Description Sceet Check if Austin Office sought City: Pharr Description Push	Ty 78571 Shoot TX, officeholder living expense Office held State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Such Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; 915 E. Fevguson & Category: (See Categories listed at the top of this schedule): Advertising	Pharr Description Sceet Check if Austin Office sought City: Pharr Description Push	Shoot TX 78571 Shoot TX, officeholder living expense Office held State: Zip Code TX 78577 Cards

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID (Ethics Commission Filers) 5 Payee name 10-28-24 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF **EXPENDITURE** 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 315,00 Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 10-15-24 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

							1
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fi	led:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Pedro		W1	OFFICE	USEONLY	
NAME	NICKNAME	6GICIG		SUFFIX	Data Keceivan		ļ
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE,	ZIP CODE			Nrc_pat
Change of Address	118 N.	Stand and	In Vu	in 7 750	9		24 AH 11:1
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (956) 8	721-7953	EXTENS	ION	Date Hand-delivered	d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	Jess ica	2	MI	Date Processed		
NAME	NICKNAME	CLAST	(SUFFIX	Date Imaged		
	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #. CITY		STATE;	ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	118 N		ard San	Tuga	Tr.	78589	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENS	ON		>	
PHONE	(956) 3	58-9328	8				
9 REPORT TYPE	January 15	30th day before	election Ru	noff		Rer campaign ppointment er Only)	
	July 15	8th day before e		eeded Modified parting Limit	Final Repo	rl (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year		
	10	1 2029	THROUGH		28/2	024	
11 ELECTION	ELECTION DA	Year Primary	Runoff	Other			
	11/5	2024 A Genera	I Special	Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	Bord	of Trus	tees PLS	
14 NOTICE FROM POLITICAL		CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURI S AND OFFICEHOLDERS ARE REQL					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS				
		GO TO	PAGE 2				

li .	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	Redo Barcia 1	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.	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,750
EXPENDITURE TOTALS (3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3936.81
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Please complete either option below:	didate or Officeholder
16	GLORIA RAMIREZ	
(1) Affidavit	Notary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028	
NOTARY STAMP/SEAL Sworn to and subscribed	()	28th day of October.
ail	which, witness my hand and seal of office. CHOTIA Ramilez	Notara Public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is	•	
	(street) (city) (sta	te) (zip code) (country)
Executed in	County, State of, on the day of(month)	20 (year)
	Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME PEDRY GARCIG	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3.750,°
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3936.81
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 FUNDS	S
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
¹ The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.		
2 FILER NAME	dro Barcia		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)		
10/18/24	Benjamin. F. Castillo. 6 Contributor address; City; State 1900 Tansi-woodlane	Jeslaco Tx	1,000		
8 Principal occup	option / Job title (See Instructions) 9 En	iployer (See Instructi	ons)		
Date	Full name of contributor		Amount of contribution (\$)		
10/10/00	Gisnac + Associates Contributor address; City; State	; Zip Code	250.		
10719174	416 Stair Street Curpus (Christi To	250.		
Principal occup		ployer (See Instructi	ons)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)		
10/21/2Y	Hiram Gutierrez Contributor address; city: State 701 N. Bentsen Rd. 1	: zip Code NcAllen Tx	2,500.		
Principal occup	ation / Job title (See Instructions) Em	nployer (See Instruct	ions)		
Date	Full name of contributor		Amount of contribution (\$)		
	Contributor address; City; State	; Zip Code	<u> </u>		
Principal occup	ation / Job title (See Instructions) En	nployer (See Instruct	ions)		
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	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N juide for additional r	EEDED eporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

i ine requ	legica mornation is not appropria			
T	he Instruction Guide explains how to complete this for	n.	1 Total pages Sched	ule A2:
2 FILER NAM	edro Garcia		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID# ## GC Child G Sen Jugin 7 Contributor address; City; State; 522 S. Fouls Sen Jugin cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code	8 Amount of Contribution \$ Check if travel outsier (FOR NON-JUDICIA)	9 In-kind contribution description OD. de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			Ti.
			·	6
				121
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				,
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED additional reporting	requirements.

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Printing Expense Travel In District Contributions/Donations Made By Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NA 5 Payee nam Zip Code PURPOSE EXPENDITURE Check if Auslin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Code Description PURPOSE EXPENDITURE Check if Iravel 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 Date (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

	EXPENDITURE CATEGORI	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii y Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor v 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 FILES NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10 - 2- 24	5 Payee name	L	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
40,00	1421 Frontage	Rd. Als	mo Tr. 78516
8	(a) Category (See Categories listed at the lop of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	Brevent Exa		
	(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/OH	Candidate / Officeholder name	Office sought	Office held
Date 10 - 14-24	Payee name CCSG. De Meri	SCO.	=
Amount (\$) 146. 80	Payee address; $We_5/4$ CO 502 W	city: I. Pike. 4	State; Zip Code Veskco Ty 18590
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule		TV of the late late in the lat
O wall to ONIV & Court	Check if travel outside of Texas Complete Schedule T	Office sought	. TX, officeholder living expense Office held
Complete <u>QNLY</u> if direct expenditure to benefit G/OH		Office sought	Office field
Date	Payee name	0	
10-21-24	Brand Bowters	Bernand	do.
Amount (\$)	Payee address;	City;	State; Zip Code
1000.	301 N. Mc Coll,	Rd. Suite	5. McAller Tr.
8	Category (See Categories listed at the top of this schedule)) Description	
PURPOSE OF EXPENDITURE	Signs		
	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 TH	HIS SCHEDULE AS NEEL	DED

SCHEDULE F1

ii the requested in	ormation is not	applicable, DU NO I	include tr	ils page in the re	эрогт.	
e 19		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food by Gift/A al Committee Legal	LExpense /Beverage Expense wards/Memorials Expense I Services e Instruction Guide explai	Office Overl Polling Expo Printing Exp Salaries/Wa	pense ages/Contract Labor	Solicilation/Fundrais Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	pment & Related Expense
1 Total pages Schedule F1.	2 FILER NAME	do Gar	c/4.		3 Filer ID (Ethic	s Commission Filers)
4 Date 16 -01-24	5 Payee name	urchs				
6 Amount (\$)	7 Payee address	Case	Pho	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories listed at the lop of this	s schedule)	(b) Description		
	(c) Checki	f travel outside of Texas Complete S	Schedule T.	Check il Austin	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		Officeholder name		Office sought		Office held
10-22-24	Payee name	stco.				
Amount (\$) 64,62	Payee address	W. Kelly	, Av.	e. Tha	State:	Zip Code 78577
PURPOSE OF EXPENDITURE	Category (See C	slegories listed at the top of this :	schedule)	Description	^	
	Checkif	fravel outside of Texas Complete S	icheduleT.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit G/OH		officeholder name		Office sought		Office held
10-22 -24	Payee pame	Palencu	10			
Amount (\$)	Payee address;	7		City;	State;	Zìp Code
53,21	713 W	Express	Way	, 63 5.	nJuga.	17 78589
PURPOSE OF EXPENDITURE	Category (See C	atagonyes likited at the top of this s	:chedule)	Description		
	Check if	travel outside of Texas. Complete S	ichedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

If the requested in	ormation is not applica	ble, bo Not include	tills page in the re	shorr	
	EXPEN	DITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Experse Contributions/Donations Made E Candidate/Officeholder/Politic CreditCard Payment		Expense Office O		Travel In District Travel Out Of Distr	ipment & Related Expense
CleditCaldPayineli	The Instruc	tion Guide explains how to	complete this form.		
1 Total pages Schedule F1	2 FILER NAME PEDRO	Gara's.		3 Filer ID (Ethic	cs Commission Filers)
4 Date // 23-5/	5 Payee name	7.			
6 Amount (\$)	7 Payee address;	<i>y</i>	City;	State;	Zip Code
49.08.	700 N.	IRd. STE	H. 55h	Thean	14 7858
8	(a) Category (See Categories	listed at the lop of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food I	-7P.			
	(c) Check if travel outsi	de of Texas Complete Schedule T.	Check if Austi	n, TX, officeholder livin	д ехрелѕе
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officehol	der name	Office sought		Office held
10-23-24	Payee name	B. Som	Jugn.		3)
Amount (\$)	Payee address;		City;	State;	Zip Code
200	901 W	Expusy	83 S4	in Jug.	17 7858
PURPOSE OF EXPENDITURE	Category (See Categories II	isted at the topfol this schedule)	Description	an and a second	
	Check if travel outsi	de of Texas Complete Schedule T.	Check if Austin	n, TX, officeholder livini	g expense
Complete ONLY if direct expenditure to benefit G/O	Candidate / Officehold	der name	Office sought		Office held
Date	Payee name	1			# 1
10-24-24	Church	/ 1 ! <u>S</u>			
Amount (\$)	Payee address:	1 0 1	City;	State;	Zip Code
1:1.88	1612 N.	Real Lo	ngoris At	Son Ja	uch Tx
1	Category (See Categories li	sted at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food L	-XD.			
	Check if travel outsign	e of Texes Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name	Office sought		Office held
	ATTACH ADDITI	ONAL 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor 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 3 Filer ID (Ethics Commission Filers) Zip Code (b) Description PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Zip Code PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

ii the requested int	formation is not applicable, DO NOT include	this page in the re	shour
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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1 Total pages Schedule F1.	COTO DANCIC.		3 Filer ID (Ethics Commission Filers)
4 Date 10-26-24	5 Payes name		
6 Amount (\$) 65, 64	1501 W Kelly Ave	: Phan	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the lop of this schedule)	(b) Description	
	(c) Check if travel outside of Texas Complete Schedule T.	Check if Austi	in, TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10-26-24	Payername Dairy Ducen 07	Sin City:	JUGN State; Zip Code
42.06.	Payee address; SOO W, HW S3 Category (See Categories listed at the top of this schedule)	SGn C	Juan by 7858
PURPOSE OF EXPENDITURE	Check if travel outside of Texals Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
10-26-24	- 1		
Amount (S)	Payee address;	City;	State; Zip Code
22.13	1800 N. Rgal Lo.	nsonia S	Sa Juan Tx 78
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

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a calegory not listed above) Candidate/Officeholder/Political Committee 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) 4 Date 5 Раусе дагле Zip Code 8 PURPOSE OF EXPENDITURE Check if travel cutside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if Iravel outside of Texas Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Рауее пате Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH

	TE / OFFICI N FINANCE				ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains how to c	omplete this form,	1 Filer ID (Ethics Commission Filers	2 Total pages fil	led: 4
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Jose	мі 1	OFFICE	USE ONLY
NAME	NICKNAME	LAST Santa Maria	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2750 N Cesar (APT / SUITE #; C	amo TX 78516		
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE		PHONE NUMBER 325-5832	EXTENSION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Kennedy	MI F	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged	
		Salinas			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO F	PO BOX PLEASE); APT / SU Rd Ste. 38	orre #, crry; Mission	STATE;	ZIP CODE 78572
8 CAMPAIGN TREASURER PHONE		PHONE NUMBER 488-1000	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before elements	<u></u>	(Officeholde	ter campaign spointment ir Only) It (Attach C/OH ~FR)
10 PERIOD COVERED	9 / :	Day Year 27 / 24	Month THROUGH 10	Day Year / 26 / 24	
11 ELECTION	Month Day	Year Primary 24 General	Runoff Other Description	E	
12 OFFICE	OFFICE HELD (If any)	i i	13 OFFICE SOUGHT (if know	m)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOL	DER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES I MAY HAVE BEEN MADE WITHOUT THE CAI RED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE CO	MMITTEE NAME			
Additional Pages	GENERAL GO	MMITTEE ADDRESS			
	SPECIFIC CC	MMITTEE CAMPAIGN TREA	ASURER NAME		
	CC	DMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

Forms provided by Texas Ethics Commission

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Revised 1/1/2024

PSJA FINANCE-RCV'D 28 OCT '24 PH2:07

CAMPAIGN	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH COVER SHEET PG 2
5 C/OH NAME ose Isaac Santa Mar		16 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 60.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,060.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	s 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
1) Affidavit	Notary Public, State of Texas ID# 3827256 My Commission Expires 08-17-2028	
1366	before me by Jose SantaMaria this the 2 which, witness my hand and seal of office. Corru Ramirez	Ustary Publi
Sworn to and subscribed 20 2 . to certify to certify the control of the control o	before me by	Notary Publi
to and subscribed to garlify to g	before me by	Notary Publication of the of officer administering oath
in to and subscribed to garlify t	before me by Jose SantaMaria this the 2 which, witness my hand and seal of office. The Ramires ing of the Printed name of officer administering oath OR	Tille of officer admittistering oath

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	ER NAME 20 Filer ID (Ethics Cor	nmissic	n Filers)
Jose	e Isaac Santa Maria		
	HEDULE SUBTOTALS ME 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.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	1,000.00
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 FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

SCHEDULE F1

If the requested inf	ormation is not applicable, DO NOT include	this page in the re	port,		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)			_
Advertising Expense Accounting/Banking Consulting Expenses Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offica Oi Food/Beverage Expense Polling E y Gift/Awards/Memorlals Expense Printing	Expense Wages/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense	1
Total pages Schedule F1:	² FILER NAME Jose Isaac Santa Maria		3 Fiter ID (Ethic	s Commission Filers)	
Date 10/02/2024	5 Payee name Bernardo Gomez				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	301 N McColl Rd. Ste G	McAllen	TX	78501	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			Т
PURPOSE OF EXPENDITURE	Advertising Expense	Political Signs			
	(c) Check if travel outside of Texas, Complete Schedule T.	Check If Austin	ı, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				_
10/03/2024	Bernardo Gomez				
Amount (\$)	Payee address;	City;	State;	Zip Code	Т
500.00	301 N McColl Rd. Ste G	McAllen	TX	78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Political Signs			
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin	, TX, officeholder (iving	g expense	
Complete ONLY 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			

Forms provided by Texas Ethics Commission

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Revised 1/1/2024

Office held

Check If Austin, TX, officeholder living expense

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Kamona Ms. NAME Date Received Barron APT / SUITE #; CITY; ADDRESS / PO BOX; ZIP CODE 4 CANDIDATE / 1127 Ortega Circle PSJA FINAM E-ROVO 29 OCT '24 AH11:36 **OFFICEHOLDER** MAILING Alamo, TX 78516 **ADDRESS** Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (956) 821-1128 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN TREASURER 78516 Alamo TX 1030 W. Ellis Ave ADDRESS (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN TREASURER PHONE (954) 330-5566 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED THROUGH ---- 10 / 28 / 24 ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other 05/24 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Place 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5,425.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,475.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,475.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ \(\(\sigma\) \(\sigma\)
OUTSTANDING LOAN TOTALS	6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is truired to be reported by me under Title 15, Election Code. Signature of C	Bannon Candidate or Officeholder
F 1911	Please complete either option belo	w:
(1) Affidavit NOTARY STAMP/SEA	MARIBEL GARCIA Notary ID #131702013 My Commission Expires August 29, 2026	
211		29th day of Ochober,
markel	which, witness my hand and seal of office. Maribel Garia	Executive Adu
Signature of officer administe	ring oath Printed name of officer administering oath OR	Title of officer administering oath
(2) Unsworn Declarati	on	
My name is	, and my date of birth	is
My address is		
Executed in	County, State of, on the day of	(state) (zip code) (country) , 20, th)(year).
	Signature of Cano	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 FILER NAM	iE	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. 🗌 8	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. 🗹 s	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5,475.0
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 FUN	NDS	\$
10. S	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
1. S	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$
(1) No. 1) # 3 M/10 PM - 9(1)			
V N N XVH- 247			
	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	* * XIII COM TOTAL	

If the reques	ted 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:
2 FILER NAME		FX1	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Law Office of Michael Flo 6 Contributor address; City; 809 Chicago Ave. McAlle	3naqaa State; Zip Code	7 Amount of contribution (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8 Principal occu	a get man a	9 Employer (See Instruct	tions)
Date 10-15-24	Full name of contributor out-of-state PAC Ricky Rod Law Group Contributor address; City; 505 W. Cano Elimbu	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10-17:24	Full name of contributor out-of-state PAC Law Office of Michael E Contributor address; City; 809 Chicago Ale. Michael		Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
-	19 E	2 1	an Bara
Date (0 - 17 - 24	Full name of contributor out-of-state PAC The Hall Event Center Contributor address; City; 502 N. Veterans Blo	State; Zip Code	Amount of contribution (\$)
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	tions)
*			

SCHEDULE A1

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

		52/
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 0 -17-24	5 Full name of contributor out-of-state PAC (ID#) Purdwe Brandon Fielder Collins+ Mote 22 6 Contributor address; City; State; Zip Code 2 COV.	\$ \$1,250.00
You	2805 Fountain Plaza Blud. Sute B. Tx.	to the state of th
Principal occur	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
0-21-24	Contributor address; City; State; Zip Code 2885 Formain Plaza Blvd Suite B Ed: Monry, Tx 78539	\$ 1,250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
0-21-24	Contributor address; City; State; Zip Code 808 E 131/2 San Juan TX 78589	250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
		. 891
Date 7-21-24	Full name of contributor out-of-state PAC (ID#:) Kumar Zaibatsu, Juc Contributor address; City; State; Zip Code	Amount of contribution (\$)
¥	310 W. Nolana Loop Phan Tx 78577	250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include t	his page in the	report.
The	Instruction Guide explains how to complete this form.	n = 100	1 Total pages Schedule A1:
2 FILER NAME		. 0	3 Filer ID (Ethics Commission Filers)
4 Date 10-28-24	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)
8 Principal occup		ployer (See Instruct	ions)
Date 10-28-24	Full name of contributor out-of-state PAC (ID#:	; Zip Code 78516	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Em	ployer (See Instruct	ions)
Date 10-28-24	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)
Principal occup		ployer (See Instruct	ions)
Date 10 -28 - 24	And the second second	; Zip Code	Amount of contribution (\$)
Principal occup	. N. A. San J. C.	ployer (See Instruct	ions)
= Q			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME		n 3	3 Filer ID (Ethics Commission Filers)
Date 10-28-24	Buena Suerte Home H 6 Contributor address; City; PO Box Le 34 Pharr	TX 78577	7 Amount of contribution (\$)
A	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
		5 1	* 9
Date	Full name of contributor	(ID#) State; Zip Code	Amount of contribution (\$)
2 <u>2</u> 27			8 m 8 y2 g3 8 8
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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

SCHEDULE F1

	EXPENDITURE CATEG	SURIES FUR BUX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	s how to complete this form.	7)
1 Total pages Schedule F1:	2 FILER NAME	A 5 4 6	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10-7-24	Selena Medrano		
6 Amount (\$)	7 Payee address	City;	State; Zip Code
1 625.00	Cel2 W. Nolana	MAllen	TX 78501
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	2 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PURPOSE OF EXPENDITURE	Consulting	Fundra	ising
	(c) Check if travel outside of Texas, Complete So	chedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		X X
10-9-24	Maria C. Gonzala	2	
Amount (\$)	Payee address;	City;	State; Zip Code
4 50.00	3533 Cessna Av	e. Edinburg	, Tx 78542
	Category (See Categories listed at the top of this se	chedule) Description	1
PURPOSE OF EXPENDITURE	Advertising	Sizns.	1 set up
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	in, 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	lk .	
10-9-24	Ontiveros Print;	ng	
Amount (\$)	Payee address;	City;	State; Zip Code
*30.00	915 E. Ferguson	n Am Pharr	Tx 78577
	Category (See Categories listed at the top of this so	chedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Cards,	flyers
	Check if travel outside of Texas, Complete So	chedule T. Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

Advertising Expense	EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense
Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	
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)
4 Date 10 -9 -24	5 Payee name Junction Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150,00	11 S. Cage Phar TX 78577
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Rent Event Meeting
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
Date	Рауее пате
10-12-24	Victor Maldonado
Amount (\$)	Payee address: City; State; Zip Code 3533 Cesna Ave. Ed: nburg Tx 7854
3	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Signs setup
3	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
Date	Payee name
10-18-24	tictor Walmart (Alamo)
Amount (\$) * 39.05	Payee address; Frontage Rd. City; State; Zip Code 1421 East Frontage Rd. Alamo TX 78516
	Category (See Categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Event Expense Skeet Shoot Prizes
	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
.9 °m	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)	oli	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		3	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
4 Date 10-18-24	5 Payee name Selena Medrano	8	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
100.00	612 W. Nolana MAIlen TX 78501	100	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	- 1	
PURPOSE OF EXPENDITURE	Advertising Push Cards	55	
	(c) Check if Travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held	Y	
Date	Payee name		
10-18-24	Mike Robledo Selena Medrano		
Amount (\$)	Payee address; City; State; Zip Code 612 W. Nolana McAllan TX 78501		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Go TV		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, 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	Е	
10-19-24	Selena Medrano	3	
Amount (\$)	Payee address; City; State; Zip Code		
1,750.00	612 w. Nolana M'Allen, Tx 78501		
	Category (See Categories listed at the top of this schedule)	10	
PURPOSE OF EXPENDITURE	Advertising Mailers	5	
	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	1.1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Show 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 NAME	ari no se de des	3 Filer ID (Ethics Commission Filers)
4 Date 10 - 20 - 24	5 Payee name Ricardo	Gonzalez La I	Daligenci à
6 Amount (\$)	7 Payee address; 201 West US Hwy	83 Pharr	State: Zip Code Ty 785 71
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Event Expense (c) Check if travel outside of Texas. Complete Sci	Food	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		D 3
10-21-24	Maria C. Gonza	lez	
Amount (\$)	Payee address;	City;	State; Zip Code
150.00	3533 Cessna Ave	e A.Edin	burg TX 78542
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sc Advertising Check if travel outside of Texas. Complete Sci	Signs	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	1 E 8 Str 10 1	x # 8 5 1
10-24-24	Payee name Marco Perez Payee address; 2008 W Jonquil	I MAP Studi	25
Amount (\$)	Payee address;	City;	State; Zip Code
1,000.00	2008 W. Jonquil	Ave. MiAllen	Tx 7830/
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	hedule) Description	
0 1 22 2 20 42 5	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

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

			•
The state of the s	EXPENDITURE CATEGORIES	FOR BOX 8(a)	, "
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense 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)
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)
4 Date 10-24-24	5 Payee name Selena Medrono		Fig. 20 20 30
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.00	612 W. Noloma	McAllen	Tx 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Contract Con
PURPOSE OF EXPENDITURE	Advertising	Suppl	ì -८ ऽ
	(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	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10-24-24	Selina Medrano	n af sa	
Amount (\$)	Payee address;	City;	State; Zip Code
120.00	le 12 W. Nolama	MCAlle	n Tx 78501
. 4	Category (See Categories listed at the top of this schedule)	Description	×
PURPOSE OF EXPENDITURE	Advertising	Vehicle	expenses
a C	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh			
Date	Payee name		
10-24-24	Ricardo Rodriguez		
Amount (\$)	Payee address;	City;	State: Zip Code
39.44	1806 West Texas Au	e San Jua	~ Tx 78589
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Went Expenses	Suppl	ìes
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Trace Out Or Diotrice
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
10-24-24	5 Payee name Sclena Medvano
6 Amount (\$)	7 Payee address; City; State; Zip Code
1,250.00	612 W. Nolana Mallen Tx 78501
3	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising GoTV
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, 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
10-24-24	Rey Perez
Amount (\$)	Payee address; City; State; Zip Code 880 Granada Avanne Pharr Ty 78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Skeet Shoot
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Payee name
10-24-24	Ontiveros Printing
·Amount (\$)	Payee address; City; State; Zip Code
\$ 75.00	915 E. Ferguson Lue Pharr Tx 78577
	Category (See Categories listed at the top of this schedule)
PURPOSE OF EXPENDITURE	Advertising Push Cards
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
oroan out of symon	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1;	2 FILER NAME	25 - 25 - 1	3 Filer ID (Ethics Commission Filers)
4 Date 10 - 28 - 24	Ramona Barron	12 = 1 1	* _ ne e e e
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
158.28	1127 Ortega Circle	Alamo	TX 78516
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	OF RESERVED TO FINANCIAN CO. AND
PURPOSE OF			8
EXPENDITURE	Went Expenses	Sup	plies
-	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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	.00	(4) x
10-28-24	Ramona Barron	TAM TA	-
Amount (\$)	Payee address;	City;	State; Zip Code
* 315.00	1127 Ortego Cirde	Mamo	TX 78516
a 4	Category (See Categories listed at the top of this schedule)	Description	A
PURPOSE			*
OF EXPENDITURE	Trent Expenses	Suppl	125
F	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	, ,	9	
Data	Payee name		
Date	rayee name	F 4 5.	~ "
10-15-24	Lone Star Natil 5	Bank	T SU
Amount (\$)	Payee address;	City;	State; Zip Code
7.75	PO BOX 1127	Pharr	Tx 18577
	Category (See Categories listed at the top of this schedule)	Description	THE PARTY OF THE P
PURPOSE OF	000.	00 1	
EXPENDITURE	Ottice Expense	Check	=S
7.7	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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	A FIRST	MI A	OFFICE USE ONLY
NAME	NICKNAME	Cynthi Gutierez	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	_	city; state; zip code can Juan, TX 7858	PSJA FINANCI 20 OCT "24
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE		15-3502	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	∧ MI	Receipt # Amount \$
NAME	Mrs.	Maria	SUFFIX	Date Processed
	NICKNAME	Peña	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		no po box please); apt/si Sardenia A	uite#; city; ve. McAllen,	STATE; ZIP CODE
(Residence or Business)			•	•
8 CAMPAIGN TREASURER PHONE	AREA CODE (9.56) 3	PHONE NUMBER 31-9883	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 10	Day Year / 8 / 2024	THROUGH 10	Day Year / 28 / 2024
11 ELECTION	ELECTION DAY Month Day	Year Primary	Runoff Other Description Special	
			42 OFFICE COURT (Stranger	
12 OFFICE	OFFICE HELD (if any)	School Board G	13 OFFICE SOUGHT (If known	nool Por of DI. 7
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	E OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLITICAL EXPENDITURES M. MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT ON THE STATE OF THE STATE OF THE STATE OF THE STATE OF SUCH EXPENDITURES.
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

CAMPAIGI	T INANGE INEL OINT			
15 C/OH NAME		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)	1	\$ O	
DOLLA WILL STATE, JEHRING STATE SERVICE	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 6,000,00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 13,060.53	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 889.88	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 21, 700.00	
	Please complete either option below		or Officeholder	
(1) Affidavit				
Sworn to and subscribed	before me by Cynthia A Gutierrez this the	28	day of October,	
20124 to certify Signature of officer administra	which, witness my hand and seal of office. Gioria Zamirer and oath Printed name of officer administering oath	1	Stary Public Title of officer administering oath	
	OR	1.		
(2) Unsworn Declaration				
My address is 400	,	Tx _ state) (78589 USA . (zip code) (country)	
	Signature di Candio	late/Office	eholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,000.30
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,200.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
4. SCHEDULE E: LOANS	\$ 1,700.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,060.5
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	\$ O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 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 CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	hia A. Gutierres		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC		7 Amount of contribution (\$)
10/04/24	Benjamin F. Castillo 6 Contributor address; City;	State; Zip Code	\$ 2,500.00
	1900 Tanglewood	Lane, West	aco, Tx 78596
Δ	upation / Job title (See Instructions)	Employer (See Instruction)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/16/24	777 Family LTD contributor address: city: 2912 S Jackson Rd., N	State; Zip Code	\$1,000
,	2912 S. Jackson Kd., 1	USAllen, (x)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction 777 Famul	
Date	Full name of contributor		Amount of contribution (\$)
10/17/24	Linebarger, Goggan, Contributor address; City;	Blair ? Song State; Zip Code	sn 2,500
	P.O. Box 17428, Aus		
N L	pation / Job title (See Instructions)	Employer (See Instruc	
Attorr	reys at Law	Wheberger	Goggan, Blair, San
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form			1 Total pages Schedule A2:		
2 FILER NAME Cyntria A. Guternez			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:	zip Code (x. 7850)	8 Amount of Solution	for	
Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDICIAL)(See Instruction	ns)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instr	uctions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JU	JDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Full name of contributor out-of-state PAC (ID#:		1 7	r Staf Chairs	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instruction	ns)	
Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instr		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JU	JDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	ULE AS NEEDED		

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ TOTAL OF UNITEMIZED LOANS Name of lender 9 Loan Amount (\$) Date of loan out-of-state PAC (ID#: 10 Interest rate Is lender Zip Code a financial W. Du St. Institution? 11 Maturity date lexas 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; City; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan 10125 Interest rate Is lender a financial San Juan IX Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees O Food/Beverage Expense Pe y Gift/Awards/Memorials Expense Pe	pan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/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:	Centura A. Cut	remer	3 Filer ID (Ethics Commission Filers)				
4 Date 10/9/24	5 Payee name						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
₹35.35	822 W. US HW	483, Sen ?	Tuan, Tx 78589				
8	(a) Category (See Categories listed at the top of this sche	(b) Description					
PURPOSE OF EXPENDITURE	Other	Gas f	or GOTV				
	(c) Check if travel outside of Texas. Complete Sched	ule 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						
10/9/24	Tracky Suppli	y Compan	Leg-				
Amount (\$)	Payee address;	City;	State; Zip Code				
\$162.00	6823 S. Cage B1	ird, Phar	r, Tx 78577				
	Category (See Categories listed at the top of this sched	lule) Description					
PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE Metal Bars for Sign							
	Check if travel outside of Texas. Complete Schedi	ule T. Check if Austi	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						
10/9/24	Bernardo Go	mez					
Amount (\$)	Payee address;	City;	State; Zip Code				
54,000	301 N. M. (Oll 7	Hd Suite G,	NSAllen Tx 78501				
	Category (See Categories listed at the top of this sched	ule) Description					
PURPOSE OF EXPENDITURE	Advertising Expe	nse Signs,	Banners, Pushcards				
	Check if travel outside of Texas, Complete Schedu	lle T. Check if Austir	n, TX, officeholder living expense				
Complete ONLY if direct Candidate / Officeholder name Office sought Office 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

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 A. GUNCINE 2 3 Filer ID (Ethics Commission Filers)					
4 Date 10/10/24	5 Payee hame Antojitos Mejicanos Rastauraul					
6 Amount (\$)	7 Payee address, City; State; Zip Code					
\$27.52	1511EMolana Ave., Pharr, Texas 78577					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Food Beverage Expase Street (Blockwalters					
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held					
Date	Payee name	7				
10/11/24	Cynthia A. Subjerrez					
Amount (\$)	Payee address; City; State; Zip Code					
\$ 103.75	400 W. 12th St., San Tuan, Tx 78550	Ċ				
	Category (See Categories listed at the top of this schedule) Description	٦				
PURPOSE OF EXPENDITURE	Event Expense Prices for Bingo at	C¢				
	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					
Date	Payee name	٦				
10/11/24	Leslie Gower					
Amount (\$)	Payee address; City; State; Zip Code	-				
\$ 1,500,00	503 Emerald Dr., Marr, Tx 78577					
	Category (See Categories listed at the top of this schedule) Description					
PURPOSE OF EXPENDITURE	Salaries, Wages I Contract GOTV-Phone Text	-				
	Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Cardil Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	Cynthia A. Gul	3 Filer ID (Ethics Commission Filers	s)			
4 Date [0[11]24	5 Payee name Leticia Rochiga	ien				
6 Amount (\$)	7 Payee address;	Čity; State; Zip Code				
\$ 500	115 w. 9th St, +	harr, Tx 78577	7			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Salanes/Wages	GOTV				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
10/15/24	HEB #642					
Amount (\$)	Payee address;	City; State; Zip Code				
¥36.75	1300 S. Cage Blud	1., Phor Tx 7857	7			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Polling Expense	Weters, Sodas, Snach	2			
EXPENDITURE	1000	<u> </u>				
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense				
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name					
EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense				
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				
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 Auslin, TX, officeholder living expense Office sought Office held City; State; Zip Code				
Complete ONLY if direct expenditure to benefit C/Or	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Family Dollar	Check if Auslin, TX, officeholder living expense Office sought Office held City; State; Zip Code				
Complete ONLY if direct expenditure to benefit C/Or Date O 15 24 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Family Dollar Payee address;	City; State; Zip Code City; State; Description	7			
Complete ONLY if direct expenditure to benefit C/Or Date O 5 24 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Family Dollar Payee address; 1500 E. Molana La	Check if Austin, TX, officeholder living expense Office sought Office held City: State: Zip Code	7			
EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date O (1 5) 2 4 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Family Dollar Payee address; Soo E. Molana La Category (See Categories listed at the top of this schedule)	City; State; Zip Code City; State; Description	7			
EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date O (1 5) 2 4 Amount (\$) PURPOSE OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Soo E. Molana La Category (See Categories listed at the top of this schedule) Polling Expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held City; State; Zip Code Fr, Plarr, Tx 78575 Description Waters, Sadas, Snack	7			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement o Overhead/Rental Expense g Expense ng Expense ies/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:	Cyntua A- Just 5 Payee name	velnez	3 Filer ID (Ethics Commission Filers)		
10/15/24	Panuly Dalla	~			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
145.73	500 W. US High	ulay 83,5	son Juan, TX 7858		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description			
PURPOSE OF EXPENDITURE	Event Expense	e Bingo	Prices		
	(c) Check if travel outside of Texas, Complete Schedule 7	Check if Austi	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
10/15/24	Siempre Natur	حد)			
Amount (\$)	Payee address;	City;	State; Zip Code		
75.96	1201 S. Jackson 1	Rd, Phai	11, TX 78577		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Ex	p. Meals	for State		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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				
10/15/24	Circlet				
Amount (\$)	Payee address;	City;	State; Zip Code		
129.61	3912 N. MCCOLL	, MSAIle	1, Tx 78		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Other	Gasf	for GOTU		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, 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 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.					
Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
4 Date	Cynthia A. Gutierret 5 Payde name					
10/7/24	Oscar J. Sutrerrez					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
* 80.00	400 W. 12ter 51	t, Sen Je	con, Tx 78589			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	of Howertising Zypens Lipties, inchis					
(c) Check if travel outside 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					
10/8/24	Leticia Rodrig	usy				
Amount (\$)	Payee address;	Čity;	State; Zip Code			
\$100.00	115 W. 9th St., F	harr, Tx	78577			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense	Prices d	for Bings			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
10/8/24	hisa Pena					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$ 500.00	116 E. Gardenia	St., MEAN	leu, (X 78501			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Salances (Utages Kabor	GOTY				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

	EXPENDITU	RE CATEGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Office Over e Polling Exp Expense Printing Ex		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
Credit Card Payment	The Instruction G	uide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILERNAME CUNTUIA	A. Gutre	mez	3 Filer ID (Ethics (Commission Filers)
4 Date 10 (15/24	5 Payee name Valevo		<i>y</i>		
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
35.54	809. N. Cag	re Blud,	Phari	T(x =	78577
8	(a) Category (See Categories listed at	the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other		Gas &	or 607	
	(c) Check if travel outside of Tex	ras. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder na	me	Office sought	C	Office held
Date	Payee name				
10/15/24	Tractor	Supply	Compan	>	
Amount (\$)	Payee address;		City;	State;	Zip Code
4108.09	68235.	Cage P	olud, Pa	navr, Ty	78577
	Category (See Categories listed at t	he top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Otner		Medal	Burs &	iv Signs
	Check if travel outside of Tex	as. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder nar	me	Office sought	0	ffice held
Date	Payee name				
10/17/24	China But	fet Ph	Cerr		
Amount (\$)	Payee address;		City;	State;	Zip Code
721.91	500 N. Ja	uch50n	Rd, Pha	v, Tx =	78577
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Pood Beve	he top of this schedule)	Description	for Sta	FF-
	Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin	ı, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought	C	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor	ransportation 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:	Centria A Gutrernez	3 Filer ID (Ethics Commission Filers)	
4 Date 10/18/24	5 Payee hame Leticia Rodnique	Chatter 7 Code	
6 Amount (\$)	7 Payee address;	State; Zip Code	
\$ 500,00	115. W. qtu St., Phory	,Tx 78577	
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	n	
PURPOSE OF EXPENDITURE	Salary/Wages GOT	.	
	(c) Check if travel outside of Texas, Complete Schedule T. Check	if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office soug	ht Office held	
Date	Payee name		
10/21/24	1+EB		
Amount (\$)	Payee address; City;	State; Zip Code	
\$ 43.04	1300 S. Cage Blvd., PI	COVY, TX 78577	
	Category (See Categories listed at the top of this schedule) Description	٦	
PURPOSE OF EXPENDITURE	Other Gas	607V	
	Check if travel outside of Texas. Complete Schedule T. Check i	if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	ht Office held	
Date	Payee name		
10/21/24	Quick Stop Phorr (Rick's)	
Amount (\$)	Payee address; City;	State; Zip Code	
9130	402 W. State Ave, ?	Phovintx 78577	
	Category (See Categories listed at the top of this schedule) Description)	
PURPOSE OF EXPENDITURE	Food Beverages Mea	1s Gov Staff	
	Check if travel outside of Texas. Complete Schedule T. Check if	f Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office soug	ht Office held	
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In Distr Travel Out Of tract Labor Other (enter a

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (Institute Institute Institute Institute Institute Institute Institute Institute Institute Ins

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag The Instruction Guide explains how to com	es/Contract Labor Other (enter a category not listed above) nplete this form,	
1 Total pages Schedule F1:	Cynthia A. Buticin	3 Filer ID (Ethics Commission Filers)	
4 Date 10 21 24	1 Academy Sparts	#34	
6 Amount (\$)	Payee address;	City; State; Zip Code	
\$ 214,22	500 N. Jackson	Rd, Pharritx 78577	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Polling Expense	Tente	
EXPENDITURE	10 ctility Day Crest		
. A	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held	
Date	Payee name		
10/21/24	Leticia Rodniga	ey	
Amount (\$)	Payee address;	Čity; State; Zip Code	
9 650.00	115 W. 9th 8ty F	Mary Tx 78577	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salaries/Wagers	60TV	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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		
10/21/24	Janvier Morene		
Amount (\$)	Payee address;	City; State; Zip Code	
9 500.00	504 W. Ebony St	t; San Juan, Tx 78589	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Salavies/Wages	GOTY	
	Check if travel outside of Texas, Complete Schedule T.	Check if Auslin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	7 Travel Out of Digition			
Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Cyntua A. Gutterney 5 Payer name 3 Filer ID (Ethics Commission Filers)			
4 Date 10/22/24	Mano Abelardo Munillo			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1525,00	206 W. 3rd St., San Juan, Tx 78589			
8	(a) Category (See Calegories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Salaries/Wages GOTV.			
	(c) Check if travel outside 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 Office sought Office held			
Date	Payee name			
10/18/22	Graciela Garcia Elementary Payee address; City; State; Zip Code			
Amount (\$)				
\$50.00	1002 W. Juan Ball; Rd, Pharr, Tx 78577			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	Event Expense Fall Festival Donation			
	Check if ravel outside of Texas. Complete Schedule T. Check if Austin, 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			
10/23/24	Caridad Munilo			
Amount (\$)	Payee address; City; State; Zip Code			
\$ 1,000.00	206 W, 3rd St, San Juan, Tx 78589			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	Salaries/Wages GOTV			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held			
	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shove)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries A	Wages/Contract Labor Other (enter a category not listed above)		
Gredit Gard Payment	Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	Centria A. Gut	3 Filer ID (Ethics Commission Filers)		
4 Date 10/24/24	Belle Ann Mart	nez		
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
350.00	127 Alamo Rd.,	Alamo, Tx 78516		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salanes/Wages	G07V		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
10/24/24	Edna Wartin	let		
Amount (\$)	Payee address;	City; State; Žip Code		
F 250.00	127 Alamo Rd., Al	lamo, Tx 78516		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salanes/Wages	GOTV		
	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 H	Office sought Office held		
Date	Payee name			
10/24/24	David Morari			
Amount (\$)	Payee address;	City; State; Zip Code		
7500,00	504 Ebony Sty	San Juan, 7x 78589		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salavies (Wages	COTY		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held		
	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 Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

	The motivation durae explains now to o	ompiete tina formi		
1 Total pages Schedule F1:	2 FILER NAME Cyntria A. Guetie's	rez	3 Filer ID (Ethics	Commission Filers)
4 Date 10/25/24	5 Payer name Galonel Aguilar			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$100.00	127 AlamoRd	., Alam	at, o	78516
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Salaries/Wages	607	V	
	(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	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/25/24	Aurora García			
Amount (\$)	Payee address;	City;	State;	Zip Code
4300,00	301 W. Eller,	Pharr,	T _X =	1857
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salanes/Wages	60	てく	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/25/24	Javier Monence	>		
Amount (\$)	Payee address;	City;	State;	Zip Code
f 5000°0	504 W. Ebony St	·, San Ji	ian, Tx	78569
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salanes/Wages	G071	/	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / APT / SUITE #; ZIP CODE **OFFICEHOLDER** PSJA FINANCE-RCVD 29 OCT '24 AN11:37 MAILING 722 King Treasure **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER 78516 1030 W. Ellis Ave Alamo ADDRESS (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE (954) 330-5566 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day COVERED 78/ THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Month Description General Special 24 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 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 NAME COMMITTEE TYPE 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	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)	\$ 5,425.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,475.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,475.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ \\\ \(\(\sigma \) \(\sigma \) \\\ \(\sigma \) \\\\ \(\sigma \) \\\ \(\sigma \) \\\\ \(\sigma \) \\\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$
	Signature of Candi	date of Officeholder
	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEA	MARIBEL GARCIA Notary ID #131702013 My Commission Expires August 29, 2026	
~	before me by Victor Perez this the 2	gth day of October.
20, to certify Moudal Signature of officer administer	which, witness my hand and seal of office. Notice Garca ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is	(street) (city) (state	e) (zip code) (country)
Executed in	County, State of, on theday of(month),	, 20
	Signature of Candidate	/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERN	AME	20 Filer ID (Ethics Co	mmission Filers)
	ULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
.1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	Y	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5,475.00
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 CONTRIBUTO FILER	TIONS RETURNED	\$
		**	
	The state of the second		
	*		

SCHEDULE A1

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

II (iio requee	and mornation is not applicable, be not in	cidde this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	Law Office of Michael Pl	12 77 1 1 11 11 11	7 Amount of contribution (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8 Principal occur	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 10-15-24:	Full name of contributor out-of-state PAC Ricky Rod Law Grou Contributor address; City; 505 W. Cano Elinbu	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10-17:24	Full name of contributor out-of-state PAC Law & Hice of Michael & Contributor address; City: 809 Chicago Ale Michael	HATTER STATE OF THE PARTY OF TH	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date (0 - 7 - 2 4	Full name of contributor out-of-state PAC The Hall Event Cente Contributor address; City; 502 N. Veterans Bla	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

	and the application, 20 to the time page in the	N
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date [0-17-24	Furdve Brandon Fielder Collins + Mote 22 6 Contributor address; City; State; Zip Code Elin 2805 Foundain Plaza Blul. Swee B. Tk.	+1,250.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID# Pur die Brandon Fielder Collins mote W	Amount of contribution (\$)
10-21-24	Contributor address; City; State; Zip Code 2805 Frankan Plaza Blvd Suite B Ed: Monry, Tx 78539	\$ 1,250.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date /0-21-24	Full name of contributor	Amount of contribution (\$)
	808 E 13/12 San Juan TX 78589	* * * * * * * * * * * * * * * * * * *
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
Date 70-21-24	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Ye ng		3 3 3
(C) (C) (C) (C)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A'

If the reques	ted information is not applicable, DO NOT in	clude this page in the r	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Sonia M. Lozano 6 Contributor address; City;	(ID#).	7 Amount of contribution (\$)
	7300 Loma Dr. Donna	302	\$62.50
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC David Landa Contributor address; City;	C (ID#:)	Amount of contribution (\$)
10-28-24	Contributor address; City;	State; Zip Code 7X 78516	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10-28-24	Full name of contributor out-of-state PAC O'Hamlon, Demerath t Contributor address; City; 424 W. Caffery Pharr	Castillo State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10 -28 -24	Full name of contributor out-of-state PAG Lube Master Plus Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
70 28 -24		Tx 78516	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how	to complete thi	is form.	1 Total pages Schedule A1:
FILER NAME	700 - 100 -			3 Filer ID (Ethics Commission Filers)
FILER NAME		e i s	t in a	3 File ID (Ethics Commission Filers)
Date	5 Full name of contributor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
0-28-24	Buena Suerte 6 Contributor address;	Home 1-	lealth State; Zip Code	\$250.00
3 14 6 25 25	PO Box le 34	Pharr	TX 78577	a to the state of
Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
re ⁿ ir g	Contributor address;	City;	State; Zip Code	
, T	a , 2 =	*		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
1	X 5 1 0	-	N X	
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
				* * * * * * * * * * * * * * * * * * *
		are and the second		
Date	Full name of contributor	out-of-state PA	AC (ID#:)	Amount of contribution (\$)
17 300				x xx Xx Xx Xx XX
j. 1	Contributor address;	City;	State; Zip Code	
2. 4	You at the first	2 %		a e a go ya "
Principal occup	pation / Job title (See Instructions)	* * *	Employer (See Instruc	tions)
	- S	8 9 1	× , 3 / / .	8/1 1 1 1
		84 FB.		
x 8 1		7".	1 0	
	41 E 90	500 8, 0	25/75	1 mg 1 m
	·	9 11 14 11	ner 3	, 404 g

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR	R BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens y Gift/Awards/Memorials Expense Printing Expens	se Travel Out Of District s/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 10 -9 -2 4	5 Payee name Jundim Cafe	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
150,00	11 S. Cage	Phar TX 78577
8	(a) Category (See Categories listed at the top of this schedule) (b)) Description
PURPOSE OF EXPENDITURE	Rent	Event Meeting
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10-12-24	Victor Maldonado	
Amount (\$) 162,50	Payee address: 3533 Cesna Aue. Ea	City; State; Zip Code Tx 7854
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule) Adverti3ing	Signs set up
71	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	natur to A to A a
10-18-24	Victor Walmart CAL	amo)
* 39.05	Payee address; 1421 East Frontage Rd.	City; State; Zip Code Alamo TX 78516
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Skeet Shoot Prizes
F 1 0 22	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	· ·
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		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.	10
1 Total pages Schedule F1	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		1
10-7-24	Selena Medrano		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
4 6 25.00	612 W. Nolana	Mallen	TX 78501
8	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Consulting	Fundrai	Sing
- "	(c) Check if travel outside of Texas, Complete Sci	neduleT. Check if Austi	in, 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		
10-9-24	Maria C. Gonzale	2	
Amount (\$)	Payee address;	City;	State; Zip Code
4 50.00	3533 Cessna Av	e. Edinburg	, Tx 78542
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Signs.	1 set up
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct			
Date	Payee name	31 7/	
10-9-24	Ontiveros Printi	ng	
Amount (\$)	Payee address;	City;	State; Zip Code
*30.00	915 E. Ferguson	1 Am Pharr	Tx 78577
	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE	Advertising	Cerds, -	flyers
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	10. N
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Polling Expense Office Over Polling Expense Over Polling Expense Office Over Polling Expense Over Polling	rpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
y Walter for a con-	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10 - 18 - 24	5 Payee name Selena Medrano		Eng. 1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100.00	7 Payee address; 6/2 W. Nolana	MAllen	TX 78501
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Therefore the control
PURPOSE OF EXPENDITURE	Advertising	Push	Cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	r: TX, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	\$ 100	2 2
10-18-24	Mike Robledo	Selena 1	Medrano
Amount (\$)	Payee address: 612 W. Nolana	McAllen	State; Zip Code TX 7850(
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Go T	7
	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	× _e = e ⁽⁰⁾ =	, 7 B , 8
10-19-24	Selena Medrano		
·Amount (\$)	Payee address;	City;	State; Zip Code
1.750.00	612 W. Nolana	M'Allen	Tx 78501
	Category (See Categories listed at the top of this schedule)	Description	enter antis de la companya del companya de la companya de la companya del companya de la company
PURPOSE OF EXPENDITURE	Advertising	Maile	ers
8 N. KHO 877, 14	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date (0 - 20 - 2 +	5 Payee name Ricardo Gonzalez La Daligencia
6 Amount (\$)	7 Payee address; State; Zip Code 201 West US. Hwy 83 Pharr Tv 78577
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Event Expense Food
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin; TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
Date	Payee name
10-21-24	Maria C. Gonzalez
Amount (\$)	Payee address; City; State; Zip Code
150.00	3533 Cessna Ave Aledinburg TX 78542
8	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
Date	Payee name
10-24-24	Marco Perez MAP Studies
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	2008 W. Jonquil Ave. MAllen TX 78501
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	
EXPENDITURE	consulting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held
expenditure to deficit 0/01	
W	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10-24-24 6 Amount (\$) Zip Code McAllen 100.00 PURPOSE Advertising Supplies 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 Date Selena Medrano 10-24-24 Amount (\$) 120.00 Mc Allen Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Vehicle expenses **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 Payee name Ricardo Rodriguez 10-24-24 State: 785 KS Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

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expenditure to benefit C/OH

SCHEDULE F1

*4 * # *	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	The mandedon Guide explains now to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 Date 10-24-24	5 Payee name Selena Medvano
6 Amount (\$)	7 Payee address; City; State; Zip Code
1,250.00	612 W. Nolana Mallen Tx 78501
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Advertising GoTV
	(c) 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
Date 0 -2 4 -24	Rey Perez
Amount (\$)	Payee address: City; State; Zip Code 800 Granada Avanue Pharr Ty 78577
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Event Expense Skeet Shoot
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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
10-24-24	Ontiveros Printing
Amount (\$)	Payee address; City; State; Zip Code
\$ 75.00	915 E. Ferguson Lue Pharr TX 78577
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Advertising Push Cards
⊕ 12 042 1/1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name Office sought 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) Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Travel Out Of District Other (enter a category not listed above) Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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) 10-28-24 Zip Code \$158.28 1127 Ortega Circle 78516 (b) Description **PURPOSE** EXPENDITURE 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 10-28-24 Zip Code \$ 375.00 Description **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 Complete ONLY if direct expenditure to benefit C/OH Payee name 10-15-24 Zip Code PO BOX 1127 PÜRPOSE OF Office Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Complete ONLY if direct

expenditure to benefit C/OH